

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Carter F. Davenport, Warden
 Easterling Correctional Facility
 200 Wallace Drive
 Clio, AL 36017

07cv294 Pet & OP

2. Article Number
(Transfer from service label)

7006 2760 0002 8193 4348

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Sharon Black

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

4/12/07

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

| | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee)

Yes